

INSTRUCTIONS

24 hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 15-10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11197

11191 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		St. Marys MARYLAND Length of Stay (In this place)		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		COUNTY St. Marys STREET ADDRESS Rural (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>St. Marys Hospital</i>				Dameron			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH 11 / 25 / 1955			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 9/22/ 1888	9. AGE last birthday 67 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector			10b. KIND OF BUSINESS OR INDUSTRY Insurance Co.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME <i>Daniel O. Barnes</i>				14. MOTHER'S MAIDEN NAME <i>Josephine O. Barnes</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS Blanch E. Barnes - Dameron, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>450.0</i> IMMEDIATE CAUSE (A) <i>Congestive Heart Failure</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>arteriosclerosis</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				18. MEDICAL CERTIFICATION <i>2 years</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <i>11-15-55</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>West Mills, Md.</i>		21c. WHERE DID INJURY OCCUR? (City or town) <i>West Mills, Md.</i>		(County) <i>St. Marys Co.</i>	(State) <i>Md.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11-15-55</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>fall</i>			
22. I hereby certify that I attended the deceased from <i>11-15-55</i> to <i>11-25-55</i> , that I last saw the deceased alive on <i>11-10-55</i> , and that death occurred at <i>West Mills, Md.</i> from the causes and on the date stated above.							
SIGNATURE <i>James Kelley</i>				ADDRESS (Street, city, town, state) <i>West Mills, Md.</i> DATE SIGNED <i>11-26-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/29/55		NAME OF CEMETERY OR CREMATORIAL St. Peters Cemetery		LOCATION (City, town, or county) Ridge, Maryland	
24. REC'D BY REGISTRAR DATE 11-29-55		REGISTRAR'S SIGNATURE P. J. Blane, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE <i>OB Robinson</i>		ADDRESS Leonardtown, Md.	

MASSACHUSETTS STATE DEPARTMENT OF HEALTH - SANITATION

THE CERTIFICATE OF DEATH

NAME OF DECEASED	AGE	SEX	DEATH DATE	TIME	CAUSE OF DEATH	DEATH CERTIFICATE NO.
John Doe	50	Male	1945	10:00 AM	Cardiac Arrest	1234567890
DEATH OCCURRED AT						
John Doe's Residence						
IN THE CITY OF BOSTON						
MASSACHUSETTS						
CERTIFIED						
BY THE DOCTOR IN CHARGE						
Dr. John Doe, M.D.						
SIGNED AND DATED						
Dec 2, 1945						

RECEIVED
BUREAU V. 2
DEC 2 1945

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this bottom copy has been retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11198

Reg. Dist. No. 281

11192 CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY St. Marys MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) Leonardtown LENGTH OF STAY (in this place) 1 wk. HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY St. Marys CITY (If outside corporate limits, write RURAL and give nearest town) Valley Lee STREET ADDRESS (If rural give location) Rural			
3. NAME OF DECEASED (First) Doctor (Middle) William (Last) Briscoe (Type or Print)				4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1955			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH ? - ?	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor			10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Benjaman Briscoe				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no				16. SOCIAL SECURITY NO. -----			
17. INFORMANT & ADDRESS Garfield Briscoe - Valley Lee, Md.				18. MEDICAL CERTIFICATION <i>Cerebral hemorrhage</i> <i>Generalized arterio-sclerosis</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH 6 days 10 years			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) ----- (County) ----- (State) -----		21d. TIME OF INJURY (Month) ----- (Day) ----- (Year) ----- (Hour) ----- M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21e. INJURY OCCURRED -----	
21f. HOW DID INJURY OCCUR? -----							
22. I hereby certify that I attended the deceased from Nov 29 1955 to Nov 29 1955 , that I last saw the deceased alive on Nov 27, 1955 , and that death occurred at 4 A.M. from the causes and on the date stated above. SIGNATURE P.B. Bean							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/30/55		NAME OF CEMETERY OR CREMATORIAL St. Marks Cemetery		LOCATION (City, town, or county) Valley Lee, Md. (State) -----	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE APB		25. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson		ADDRESS Leonardtown, Md.	
DATE Nov 29/55							

11193 CERTIFICATE OF DEATH

11199

281

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this bottom copy may be retained by the hospital or attending physician.

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VS A15C 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)		St. Mary's		MARYLAND		STATE Maryland COUNTY St. Mary's	
TOWN Hermanville				LENGTH OF STAY (In this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hermanville						STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) John Harry Campbell				4. DATE OF DEATH Nov. 16, 1955			
S. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH August 12, 1907	
9. AGE last birthday 48 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Day Work		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Hazel Campbell				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.			
(If Yes, give war or dates of service)				17. INFORMANT & ADDRESS Hazel Campbell Hermanville, Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 18 minutes			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 571.1 IMMEDIATE CAUSE (A) Coronary occlusion				Diseases or conditions contributing to death Antecedent cause(s) due to Diseases or conditions, if any, giving rise to the above cause stating underlying cause last. (B) (C) Enterocolitis 3 days			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Hagerstown		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from November 15, 1955, to November 16, 1955, that I last saw the deceased alive on November 15, 1955, and that death occurred at 3:00A.M., from the causes and on the date stated above. SIGNATURE P. J. Bryan M.D. ADDRESS (Street, city, town, state) Hagerstown, Md. DATE SIGNED 11/17/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/19/55		NAME OF CEMETERY OR CREMATORIAL Our Lady's		LOCATION (City, town, or county) Medley Neck, Md. (State)	
24. REC'D BY REGISTRAR DATE 11/17/55		REGISTRAR'S SIGNATURE P. J. Bryan, M.D. Local Registration		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Mattingly		ADDRESS Leonardtown, Md.	

AMERICAN STATE POLICE - CALIFORNIA

EXHIBIT 26
SPECIMEN OF DEATH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	8010	8011	8012	8013	8014	8015	8016	8017	8018	8019	8020	8021	8022	8023	8024	8025	8026	8027	8028	8029	8030	8031	8032	8033	8034	8035	8036	8037	8038	8039	8040	8041	8042	8043	8044	8045	8046	8047	8048	8049	8050	8051	8052	8053	8054	8055	8056	8057	8058	8059	8060	8061	8062	8063	8064	8065	8066	8067	8068	8069	8070	8071	8072	8073	8074	8075	8076	8077	8078	8079	8080	8081	8082	8083	8084	8085	8086	8087	8088	8089	8090	8091	8092	8093	8094	8095	8096	8097	8098	8099	80100	80101	80102	80103	80104	80105	80106	80107	80108	80109	80110	80111	80112	80113	80114	80115	80116	80117	80118	80119	80120	80121	80122	80123	80124	80125	80126	80127	80128	80129	80130	80131	80132	80133	80134	80135	80136	80137	80138	80139	80140	80141	80142	80143	80144	80145	80146	80147	80148	80149	80150	80151	80152	80153	80154	80155	80156	80157	80158	80159	80160	80161	80162	80163	80164	80165	80166	80167	80168	80169	80170	80171	80172	80173	80174	80175	80176	80177	80178	80179	80180	80181	80182	80183	80184	80185	80186	80187	80188	80189	80190	80191	80192	80193	80194	80195	80196	80197	80198	80199	80200	80201	80202	80203	80204	80205	80206	80207	80208	80209	80210	80211	80212	80213	80214	80215	80216	80217	80218	80219	80220	80221	80222	80223	80224	80225	80226	80227	80228	80229	80230	80231	80232	80233	80234	80235	80236	80237	80238	80239	80240	80241	80242	80243	80244	80245	80246	80247	80248	80249	80250	80251	80252	80253	80254	80255	80256	80257	80258	80259	80260	80261	80262	80263	80264	80265	80266	80267	80268	80269	80270	80271	80272	80273	80274	80275	80276	80277	80278	80279	80280	80281	80282	80283	80284	80285	80286	80287	80288	80289	80290	80291	80292	80293	80294	80295	80296	80297	80298	80299	80300	80301	80302	80303	80304	80305	80306	80307	80308	80309	80310	80311	80312	80313	80314	80315	80316	80317	80318	80319	80320	80321	80322	80323	80324	80325	80326	80327	80328	80329	80330	80331	80332	80333	80334	80335	80336	80337	80338	80339	80340	80341	80342	80343	80344	80345	80346	80347	80348	80349	80350	80351	80352	80353	80354	80355	80356	80357	80358	80359	80360	80361	80362	80363	80364	80365	80366	80367	80368	80369	80370	80371	80372	80373	80374	80375	80376	80377	80378	80379	80380	80381	80382	80383	80384	80385	80386	80387	80388	80389	80390	80391	80392	80393	80394	80395	80396	80397	80398	80399	80400	80401	80402	80403	80404	80405	80406	80407	80408	80409	80410	80411	80412	80413	80414	80415	80416	80417	80418	80419	80420	80421	80422	80423	80424	80425	80426	80427	80428	80429	80430	80431	80432	80433	80434	80435	80436	80437	80438	80439	80440	80441	80442	80443	80444	80445	80446	80447	80448	80449	80450	80451	80452	80453	80454	80455	80456	80457	80458	80459	80460	80461	80462	80463	80464	80465	80466	80467	80468	80469	80470	80471	80472	80473	80474	80475	80476	80477	80478	80479	80480	80481	80482	80483	80484	80485	80486	80487	80488	80489	80490	80491	80492	80493	80494	80495	80496	80497	80498	80499	80500	80501	80502	80503	80504	80505	80506	80507	80508	80509	80510	80511	80512	80513	80514	80515	80516	80517	80518	80519	80520	80521	80522	80523	80524	80525	80526	80527	80528	80529	80530	80531	80532	80533	80534	80535	80536	80537	80538	80539	80540	80541	80542	80543	80544	80545	80546	80547	80548	80549	80550	80551	80552	80553	80554	80555	80556	80557	80558	80559	80560	80561	80562	80563	80564	80565	80566	80567	80568	80569	80570	80571	80572	80573	80574	80575	80576	80577	80578	80579	80580	80581	80582	80583	80584	80585	80586	80587	80588	80589	80590	80591	80592	80593	80594	80595	80596	80597	80598	80599	80600	80601	80602	80603	80604	80605	80606	80607	80608

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11200

11194

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY St. Mary's MARYLAND CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Leonardtown LENGTH OF STAY (in this place) 2 days HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 St. Mary's Hospital				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY St. Mary's CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills STREET ADDRESS (If rural give location) X			
3. NAME OF DECEASED (First) Infant (Middle) Boy (Last) Cecil (Type or Print)				4. DATE OF DEATH Nov. 4, 1955 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov. 2, 1955	9. AGE last birthday yrs. 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 4	IF UNDER 24 HRS. Hours 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland			
13. FATHER'S NAME Norbert J. Cecil				14. MOTHER'S MAIDEN NAME Madeline Gistlaine Messer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Hospital Record			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 762.0 IMMEDIATE CAUSE (A) cerebral anoxia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) massive ischæmia GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Great Mills (State) Md.			
21d. TIME OF INJURY (Month) Nov. (Day) 4 (Year) 1955 (Hour) M. at work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-2, 1955, to 11-7, 1955 that I last saw the deceased alive on 11-3, 1955, and that death occurred at 6:42 A.M. from the causes and on the date stated above.							
SIGNATURE <i>James J. Kelt</i>				ADDRESS (Street, city, town, state) M.D. 222 1/2 Main DATE SIGNED 11-4-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 4, 1955		NAME OF CEMETERY OR CREMATORIAL Holy Face			
24. REC'D BY REGISTRAR DATE 11-7-55		REGISTRAR'S SIGNATURE George D. Hawley		LOCATION (City, town, or county) Great Mills (State) Maryland ADDRESS			
25. FUNERAL DIRECTOR'S SIGNATURE <i>As. C. Mattingly Leonardtown, Md.</i>							
DATE 11-7-55 20X53014/5							

THE BIRDS OF THE SOLOMON ISLANDS

2162 *W. H. H. Smith*

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

THE SPANISH

Les idées de l'artiste

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1. *Leucosia* *leucostoma* (Fabricius) *leucostoma* (Fabricius) *leucostoma* (Fabricius)

1960-1961

Item 18 Film G189 11-29-55 am

11195 CERTIFICATE OF DEATH

Reg. Dist. No. 282

X hours after death.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY		MARYLAND		STATE		COUNTY	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		Maryland		St. Mary's	
TOWN Leonardtown		16 days		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
78 ST. MARY'S HOSPITAL				(If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE (Month) OF DEATH Nov. 11, 1955 (Day) (Year)			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
Male		Black		Married		March 5, 1889	
9. AGE last birthday		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
66 yrs.		Laborer		Maryland		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Unknown				Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
9				Joseph Dade Charlotte Hall, Md.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 522 X IMMEDIATE CAUSE (A) Hypostatic pneumonia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) pulmonary fibrosis GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) pulmonary infestation							
INTERVAL BETWEEN ONSET AND DEATH							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
M.							
22. I hereby certify that I attended the deceased from Nov. 19, 1955, to Nov. 11, 1955, that I last saw the deceased alive on 10 Nov 1955, and that death occurred at 11 A.M., from the causes and on the date stated above. SIGNATURE <i>John Bunker</i> M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/15/55		NAME OF CEMETERY OR CREMATORIUM Ebenezena		LOCATION (City, town, or county) Charlotte Hall, Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 11-14-55 - <i>Frank B. House</i>							
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE 11-14-55 - <i>John C. Mattingly Leonardtown Md.</i>							

11196

11202

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
item 7. Form 190 12-1-55 8t
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 281

1. PLACE OF DEATH:

COUNTY St. Marys

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN R.F.D. Mechanicsville

LENGTH OF STAY
(in this place)

6 mo.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE New Jersey COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Jersey CitySTREET
ADDRESS

(If rural, give location)

67X-3

428 New York Ave.

3. NAME OF
DECEASED:
(Type or Print)

(First) Hattie Kuentzler

(Middle) (Last) Dehrenbach

4. DATE
(Month) (Day) (Year)
OF
DEATH 11 - 24 - 1955

5. SEX:

female

6. COLOR OR
RACE: white7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): widowed

8. DATE OF BIRTH:

12/22/1874

9. AGE last birthday:
80 81 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired) housewife10b. KIND OF BUSINESS OR
INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME:

Adolph Dehrenbach, Sr.

14. MOTHER'S MAIDEN NAME:

Christina Kuntzler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

no

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: R.F.D. 1 Lake Shore
Adolph Dehrenbach, Jr. - Pasadena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause

(a) DUE TO

Coronary Occlusion
Arterio SclerosisINTERVAL BETWEEN
ONSET AND DEATH
1 day

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH

none

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21b. PLACE (Home, farm, factory,
OF street, office, bldg., etc.,
INJURY)21e. INJURY OCCURRED
While at Not while
work work at work

21c. (City or town)

(County)

(State)

21f. HOW DID INJURY OCCUR?

none

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

John Dehrenbach

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
11/25/5523. BURIAL, CREMATION,
REMOVAL (Specify):
TransportationDATE REC'D BY LOCAL
REG.

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL
LOCATION (City, town, or county) (State)

Jersey City, New Jersey

REGISTRAR'S SIGNATURE

ADDRESS

24. FUNERAL DIRECTOR

P.B. Robinson- Leonardtown, Md.

Local

BUREAU V. S

DEC 2 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11203

11197 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY <input checked="" type="checkbox"/> TOWN	St. Marys Beachville	MARYLAND	STATE <input checked="" type="checkbox"/> TOWN	Maryland Scotland	COUNTY <input checked="" type="checkbox"/>
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		1 wk.	STREET ADDRESS Rural		
3. NAME OF DECEASED (Type or Print)			4. DATE (Month) (Day) (Year)		
John Alexander Gatton			11 / 5 / 1955		
S. SEX <input checked="" type="checkbox"/> male	6. COLOR OR RACE <input checked="" type="checkbox"/> white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <input checked="" type="checkbox"/> widowed	8. DATE OF BIRTH <input checked="" type="checkbox"/> 11 June 1879	9. AGE last birthday <input checked="" type="checkbox"/> 76 yrs.	IF UNDER 1 YEAR Months Deys
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/> farming			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> Farm Tenant	11. BIRTHPLACE (State or foreign country) <input checked="" type="checkbox"/> Maryland	IF UNDER 24 HRS. Hours Min.
13. FATHER'S NAME <input checked="" type="checkbox"/> George Gatton			14. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/> Martha Cullison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> 20			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> 44-12-3456		
17. INFORMANT & ADDRESS <input checked="" type="checkbox"/> J. Earl Gatton - Dameron, Maryland.			18. MEDICAL CERTIFICATION <input checked="" type="checkbox"/> Coronary occlusion <input checked="" type="checkbox"/> Coronary sclerosis		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <input checked="" type="checkbox"/> 420.1 IMMEDIATE CAUSE <input checked="" type="checkbox"/> (A) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> 10 minutes		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <input checked="" type="checkbox"/> (C) <u>Coronary sclerosis</u>			<input checked="" type="checkbox"/> 5 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION <input checked="" type="checkbox"/> 19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March</u> , 1953, to <u>11-5</u> , 1955, that I last saw the deceased alive on <u>11-4</u> , 1955, and that death occurred at <u>9:15 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>P.J. Beary M.D.</u> ADDRESS (Street, city, town, state) <u>Great Mills, Md.</u> DATE SIGNED <u>11-7-55</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <input checked="" type="checkbox"/> Burial		DATE THEREOF <input checked="" type="checkbox"/> 11/8/55		NAME OF CEMETERY OR CREMATORIAL <input checked="" type="checkbox"/> St. Michaels Cemetery	
24. REC'D BY REGISTRAR DATE <input checked="" type="checkbox"/> 11/7/55		REGISTRAR'S SIGNATURE <input checked="" type="checkbox"/> P.J. Beary, M.D. Local		LOCATION (City, town, or county) <input checked="" type="checkbox"/> Ridge, Maryland	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				Leonardtown, Md.	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11198
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11204
Reg. Dist. No. 28-2

1. PLACE OF DEATH:

COUNTY St. Mary's

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN BushwoodLENGTH OF STAY
(in this place)
3 yrs.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

Walter

Benjamin

Goode

4. DATE
OF
DEATH

Nov. 25, 1955

5. SEX:

Male

6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married

8. DATE OF BIRTH:

Sept. 20, 1896

9. AGE last birthday:
59 yrs.IF UNDER 1 YEAR
IF UNDER 24 HRS.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life)
Tide Water Fisher10b. KIND OF BUSINESS OR
INDUSTRY:
Capt. Police Boat11. BIRTHPLACE (State or foreign country):
Maryland12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

James Henry Goode

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) No

16. SOCIAL SECURITY NO.: 213-22-0243

17. INFORMANT & ADDRESS:
Maude Vallandingham Bushwood, Md.18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:420.1
Immediate cause

(a) DUE TO

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
medic
10 yr

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last(b) DUE TO
(c)

Gouty sclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH

nervous of liver

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
While at work Not while
work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURE *John J. Hausey*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
11/25/5523. BURIAL, CREMATION,
REMOVAL (Specify): BurialDATE THEREOF
11/28/55NAME OF CEMETERY OR CREMATORIAL
Sacred HeartLOCATION (City, town, or county) (State)
Bushwood, MarylandDATE REC'D BY LOCAL
REG.REG. 11-28-55
Yean J. Hausey

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS
Jos. C. Mattingley Leonardtown, Md.

BUREAU V. S

NOV 29 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11199 CERTIFICATE OF DEATH

11205

582

Reg. Dist. No. 582

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St. Mary's		MARYLAND		STATE Maryland		COUNTY St. Mary's	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS	
TOWN Rural Leonardtown		Life		Rural Leonardtown		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
Georgiana				Nov. 5, 1955			
S. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH October 9, 1865	9. AGE last birthday 90	IF UNDER 1 YEAR yrs.	IF UNDER 24 HRS. Months	(Day) Dey
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Thomas Cullins				14. MOTHER'S MAIDEN NAME Jane Raley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.			
(If Yes, give war or dates of service)				17. INFORMANT & ADDRESS MR. THOMAS GUY Leonardtown, Md.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) <i>Cerebral Thrombosis</i> ANTECEDENT CAUSE(S) DUE TO <i>Arteriosclerotic Cardio</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO <i>Vascular disease</i> (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 19, 1955, to Nov. 5, 1955, that I last saw the deceased alive on Nov. 4, 1955, and that death occurred at 8 A.M., from the causes and on the date stated above. SIGNATURE <i>J. Ray Guyher</i> ADDRESS (Street, city, town, state) <i>M.D. Mechanicsville</i> DATE SIGNED <i>11/7/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/8/55		NAME OF CEMETERY OR CREMATORIAL St. Aloysius		LOCATION (City, town, or county) Leonardtown, Maryland (State)	
24. REC'D BY REGISTRAR DATE 11-8-55- <i>Alan D. Hauser</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. L. Mattingly Leonardtown Md</i>			

19. *Leucosia* *leucostoma* *Leucosia* *leucostoma* *Leucosia* *leucostoma*

62 *Journal of Maritime Law & Commerce*

Biology

Small Business of the Month

Section 2.01.01

— *Спасибо!*

ANSWER

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11206

11200 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY		St. Mary's		MARYLAND		STATE Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		Length of Stay (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		COUNTY St. Mary's	
TOWN		Life		TOWN		Compton	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Compton		STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
Joseph Matthew Hazel				Nov. 5, 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
Male	White	Married	May 25, 1883	72	Months	Days	IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		
Storeowner			Gem. Mdse.		Maryland		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John J. Hazel				Annie Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
No				None			
17. INFORMANT & ADDRESS				Mrs Eva Alvey Leonardtown, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
161X IMMEDIATE CAUSE (A)				Gastric larynx			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 1952, to Nov 5, 1963, that I last saw the deceased alive on Nov 4, 1951, and that death occurred at 67 M, from the causes and on the date stated above. SIGNATURE J. Roy Gandy M.D. ADDRESS (Street, city, town, state) Mechanicsville DATE SIGNED 11/8/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/9/55		NAME OF CEMETERY OR CREMATORIAL St. Francis Xavier		LOCATION (City, town, or county) Compton, Maryland	
24. REC'D BY REGISTRAR DATE 11-8-55		REGISTRAR'S SIGNATURE Paul D. Hauser		25. FUNERAL DIRECTOR'S SIGNATURE Joe C. Mallon by Leonardtown, Md.		ADDRESS	

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POLY(1,4-PHENYLENE TEREPHTHALATE)

158 *St. John*

• 1000 •

1000 *inflata*

1

12. *Chlorophytum comosum* (L.) Willd. (Fig. 12)

"WYOMING" 239

11201 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Patuxent River, Md. LENGTH OF STAY U.S. NAS (in this place) 16 hrs. 25 Min.				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Michigan COUNTY Wayne CITY (If outside corporate limits, write RURAL and give nearest town) OR 50 TOWN Lexington Park			
3. NAME OF DECEASED: (Type or Print) Baby				(First) Boy (Middle) HOWELL (Last)		4. DATE (Month) (Day) (Year) OF DEATH: Nov 9 1955	
5. SEX: Male	6. COLOR OR RACE: Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: Nov 8 1955	9. AGE last birthday yrs. 1		10. IF UNDER 1 YEAR Months 2 Days 0 Hours 0 Min. 0	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):			10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Franklin M. HOWELL				14. MOTHER'S MAIDEN NAME: Bernice Mary Summers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) -----				16. SOCIAL SECURITY NO. -----			
17. INFORMANT & ADDRESS: Franklin M. HOWELL (father) 409 Yorktown Rd. Lexington Park, Maryland							
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776 X IMMEDIATE CAUSE ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (A) DUE TO Prematurity, Neonatal Death (27 weeks gestation) (B) DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8 Nov 1955 , to 9 Nov 1955 , that I last saw the deceased alive on 9 Nov 1955 , and that death occurred at 1150 P.M. from the causes and on the date stated above. SIGNATURE R. J. IRONS LT MC USNR ADDRESS Station Hospital, NAS M. O. Patuxent River, Md. DATE SIGNED 11-10-55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal BURIAL				DATE THEREOF 11 Nov 1955		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Holy Face Cemetery Great Mills, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11-10-55				REGISTRAR'S SIGNATURE P. J. Beagan, M.D.		24. FUNERAL DIRECTOR ADDRESS Franklin M. Howell, Lexington	

RECEIVED
MAY 14 1955

RECEIVED
MAY 14 1955

11202 CERTIFICATE OF DEATH

Reg. Dist. No. 282

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15c 1-55 10M

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY		St. Mary's	STATE		Maryland
CITY (If outside corporate limits, write RURAL OR and give nearest town)		Leonardtown	CITY (If outside corporate limits, write RURAL and give nearest town)		Lexington Park
TOWN			OR		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		78 St. Mary's Hospital	TOWN		
			STREET ADDRESS		327 Yorktown Road
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
(First) Tell William Nicolet			(Month) Nov. 20, 1955 (Year)		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months 1 3 Days
Male	White	Married	October 17, 1890	65	IF UNDER 24 HRS. Hours 1 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Hand Planner			Desota, Indiana		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Luke A. Nicolet			Annie D. Casper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y, no. or unk.)			16. SOCIAL SECURITY NO.		
Yes WWI			172 - 14 - 0095		
18. MEDICAL CERTIFICATION			19. DATE OF OPERATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			19b. MAJOR FINDINGS OF OPERATION		
422.1 IMMEDIATE CAUSE (A)			Dissecting aneurysm - aorta		
ANTECEDENT CAUSE(S) DUE TO			14 hrs		
DISEASES OR CONDITIONS, IF ANY, (B)			Arteriosclerotic CV disease		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			10 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
21c. WHERE DID INJURY OCCUR? (City or town)			(County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 19, 1955, to Nov 20, 1955, that I last saw the deceased alive on Nov 19, 1955, and that death occurred at 5:50 P.M. from the causes and on the date stated above. SIGNATURE <i>Ray Guyer</i> ADDRESS <i>Mechanicsville, Md.</i> DATE SIGNED <i>11/21/55</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)			DATE THEREOF		
Burial			NAME OF CEMETERY OR CREMATORIAL		
			LOCATION (City, town, or county)		
			(State)		
24. REC'D BY REGISTRAR			REGISTRAR'S SIGNATURE		
			25. FUNERAL DIRECTOR'S SIGNATURE		
			ADDRESS		
DATE 11-22-55			11/22/55		
			Alan D. Hansen		
			Joe C. Mattingly		
			Leonardtown, Md.		

THE SECRETARY OF STATE

RECORDED IN THE
LIBRARY OF CONGRESS
ON APRIL 10, 1955
BY THE LIBRARY OF CONGRESS
FOR THE USE OF THE
DEPARTMENT OF STATE
AND THE
LIBRARY OF CONGRESS
IN THE
INTEREST OF
THE UNITED STATES
AND
THE
PEACE AND
WELL-BEING
OF THE
PEOPLES
OF THE
WORLD

RECEIVED
APR 10 1955
BUREAU OF
INTELLIGENCE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

282

No.

1. PLACE OF DEATH:

COUNTY St. Mary's

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

X TOWN Rural Bushwood

LENGTH OF STAY
(in this place)

Life

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First) Johnson

(Middle) Bruce

(Last) Quade

4. DATE
OF
DEATH Nov. 14, 19555. SEX:
Male6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Single8. DATE OF BIRTH:
19229. AGE last birthday:
33 yrs.IF UNDER 1 YEAR
Months Days Hours
IF UNDER 24 HRS.
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Labor10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

Bruce Johnson Quade

14. MOTHER'S MAIDEN NAME:

Rose Milburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

Bruce Johnson Quade, Hurry, Maryland

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH
midlife

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

322.2
Immediate cause

(a) DUE TO

Pulmonary edema

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(b) DUE TO

Hypertension

(c) DUE TO

alcoholism due to Alcoholism

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

none

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No

none

21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

none

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

none

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
11/16/5523. BURIAL, CREMATION,
REMOVAL (Specify): BurialDATE THEREOF
11/15/55NAME OF CEMETERY OR CREMATORIAL
Sacred HeartLOCATION (City, town, or county) (State)
Bushwood, Maryland

DATE RECD BY LOCAL REG.

REGISTRAR'S SIGNATURE
11/16/55

24. FUNERAL DIRECTOR

ADDRESS
Jos. C. Mattingley Leonardtown, Md.

BUREAU U. S.

APR 16 1956

RECEIVED

11204 CERTIFICATE OF DEATH

Reg. Dist. No. 281

INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

1. PLACE OF DEATH COUNTY St. Marys CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Piney Point Beach HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY St. Marys CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Piney Point Beach STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) Alfonso				4. DATE OF DEATH Nov 3, 1955			
S. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 7/12/1900	9. AGE last birthday 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Deys	(Day) Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired violinist		10b. KIND OF BUSINESS OR INDUSTRY Nat. Symphony	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Giovanni Rossi				14. MOTHER'S MAIDEN NAME Giovanna Rastelli			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 579-16-9402		17. INFORMANT & ADDRESS Ida Rossi Wife Piney Point Beach, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 150X IMMEDIATE CAUSE (A) <i>Carcinoma of esophagus</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				18. MEDICAL CERTIFICATION <i>congestive heart failure</i> INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>congestive heart failure</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION 1995/11/20		19b. MAJOR FINDINGS OF OPERATION <i>metastatic carcinoma of esophagus</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notifica l ca examiner)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>none</i>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) <i>none</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>none</i>			
22. I hereby certify that I attended the deceased from <i>Sept. 6, 1955</i> , to <i>November 3, 1955</i> , that I last saw the deceased alive on <i>Nov. 2, 1955</i> , and that death occurred at <i>2:20 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>John B. ...</i> ADDRESS (Street, city, town, state) <i>Leighton Bld. - Md.</i> DATE SIGNED <i>11/3/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		DATE THEREOF 11/7/55		NAME OF CEMETERY OR CREMATORIAL Rock Creek Cemetery		LOCATION (City, town, or county) Washington, D.C.	
24. REC'D BY REGISTRAR DATE Nov. 7, 1955		REGISTRAR'S SIGNATURE <i>Dr. P. J. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE The S.D. Dines Co.		ADDRESS 2901 14th St. NW Washington, D.C.	

11205 CERTIFICATE OF DEATH

Reg. Dist. No. 281

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 15-5 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	St. Marys St. Inigoes	MARYLAND LENGTH OF STAY (in this place) life	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes	COUNTY St. Marys	STREET ADDRESS (If rural give location) Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00	Rural						
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE (Month) OF DEATH 11 / 29 / 1955 (Day) (Year)			
Katherine Rosalice Taylor				9. AGE last birthday 80 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 10/ 20 / 1875	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Domestic	14. MOTHER'S MAIDEN NAME Alice Tarelton	17. INFORMANT & ADDRESS Mrs. Alice Knott - St. Inigoes, Md.		
13. FATHER'S NAME Dominic Raley				16. SOCIAL SECURITY NO. -----	18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 334X IMMEDIATE CAUSE (A) <u>Liverbral arteriosclerosis</u> ANTECEDENT CAUSES (B) <u>Generalized arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, (C) <u>5 years</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>10 years</u>		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
M.							
22. I hereby certify that I attended the deceased from <u>Feb. 18, 1955</u> , to <u>Nov. 29, 1955</u> , that I last saw the deceased alive on <u>Nov. 28, 1955</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above. SIGNATURE <u>P. J. Keenan, M.D.</u> M.D. ADDRESS (Street, city, town, state) <u>Great Mills, Md.</u> DATE SIGNED <u>11/30/55</u>							
23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial		DATE THEREOF 12/2/55		NAME OF CEMETERY OR CREMATORIAL St. Michaels Cemetery		LOCATION (City, town, or county) Ridge, Maryland.	
24. REC'D BY REGISTRAR DATE Nov 30/55		REGISTRAR'S SIGNATURE <u>M. J. Keenan, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Robinson</u>		ADDRESS Leonardtown, Md.	

DEPARTMENT OF STATE - BUREAU OF INTELLIGENCE

U. S. CERTIFICATE OF DEATH

RECEIVED

BUREAU V. 2

DEC 6 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11206

CERTIFICATE OF DEATH

Reg. Dist. No.

11212

1. PLACE OF DEATH:

COUNTY **St. Mary's** MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town) **U.S. NAS** LENGTH OF STAY
 TOWN **Patuxent River, Md.** (in this place)
 HOSPITAL OR **U.S. Naval Air Station Hosp.**
 INSTITUTION OR **Patuxent River, Maryland**
 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **St. Mary's**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR **Lexington Park, Maryland**
 TOWN
 STREET ADDRESS **633 Chinlee Drive** (If rural give location)

3. NAME OF
DECEASED:
(Type or Print)(First) **Baby**(Middle) **Boy**(Last) **WATSON**

4. DATE (Month)

(Day) **Nov 29**(Year) **1955**5. SEX:
Male6. COLOR OR
RACE: **Caucasian**7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): **Single**8. DATE OF BIRTH:
Nov 27 19559. AGE last birthday
yrs. **2**IF UNDER 1 YEAR
Months **2** Days **Hours** Hours **Min.**10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY:
-----11. BIRTHPLACE (State or foreign country):
Maryland12. CITIZEN OF WHAT
COUNTRY?
USA

13. FATHER'S NAME:

Lloyd C. Watson

14. MOTHER'S MAIDEN NAME:

Doris Anne Watts15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) -----16. SOCIAL SECURITY NO.
-----17. INFORMANT & ADDRESS: **Lloyd C. Watson**
633 Chinlee Dr. Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

IMMEDIATE CAUSE

Prematurity, Neonatal Death

INTERVAL BETWEEN
ONSET AND DEATH
34 hours

ANTECEDENT CAUSE (S):

(A) **Prematurity, Neonatal Death**
DUE TO (36 weeks gestation)DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B) **-----**
DUE TO **-----**(C) **-----**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES **NO** 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?(County) **-----** (State) **-----**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **27 Nov., 1955**, to **29 Nov., 1955** that I last saw the deceased
alive on **29 Nov., 1955**, and that death occurred at **6.08AM**, from the causes and on the date stated above.SIGNATURE **A. I. Feldman**

A. I. FELDMAN LT MC USNR

ADDRESS **Station Hospital NAS** DATE SIGNED **29 Nov 1955**

Patuxent River, Maryland

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
Removal

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

29 Nov 1955**29 Nov 1955**DATE REC'D BY LOCAL
REGISTRAR**Nov 29/55**

REGISTRAR'S SIGNATURE

John B. Feldman

24. FUNERAL DIRECTOR

U. S. Navy Patuxent River Md.

RECEIVED
FEB 2 1955

BUREAU V. S.

TO ATTEND
PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11213

282

11207 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY		St. Marys		MARYLAND		STATE Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		TOWN Leonardtown		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
X				4 wks.		TOWN Lexington Park	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 St. Marys Hospital				STREET ADDRESS 31 Coral Place			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First)		(Middle)		(Last)		11 - 13 1955	
Carl		Edward		Wilkins		4. AGE last birthday 9 yrs.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday 49 yrs.	IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.
male	white	widowed	19 April 1906				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver				10b. KIND OF BUSINESS OR INDUSTRY Taxi			
11. BIRTHPLACE (State or foreign country) West Virginia				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Lottie Shippe			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS 31 Coral Place Eugene H. Wilkins- Lexington Park, Md.				18. MEDICAL CERTIFICATION Cirrhosis of Liver			
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 581.0 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				20. INTERVAL BETWEEN ONSET AND DEATH 6 weeks.			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis, Jaundice				22. 6 weeks.			
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21c. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER)		21d. PLACE (Home, farm, factory, street, office bldg., etc.)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State) none			
21f. TIME OF INJURY (Month) (Day) (Year) (Hour) now		21g. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21h. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 10/11, 1955, to 11/13, 1955, that I last saw the deceased alive on 11/12, 1955, and that death occurred at 1 P.M. from the causes and on the date stated above. SIGNATURE: <i>John</i> ADDRESS: <i>Lexington Park</i> DATE SIGNED: <i>11/13/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/16/55		NAME OF CEMETERY OR CEMINATORY St. Johns Cemetery		LOCATION (City, town, or county) Ellicott City, Md.	
24. REC'D BY REGISTRAR Date 11/14/55		REGISTRAR'S SIGNATURE <i>Carol Hansen</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS - Leonardtown, Md.		<i>OB Robinson</i>	

BUREAU V.

DECEMBER

11208 CERTIFICATE OF DEATH

Reg. Dist. No. 282

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <input checked="" type="checkbox"/> TOWN	St. Marys Laurel Grove	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <input checked="" type="checkbox"/> Charlotte Hall,
HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> Rural			STREET ADDRESS <input checked="" type="checkbox"/> Rural
3. NAME OF DECEASED (Type or Print)		(First) Thomas	(Middle) Andrew
		(Last) Woodland	4. DATE OF DEATH 11/ 28 / 19 55
5. SEX <input checked="" type="checkbox"/> male	6. COLOR OR RACE <input checked="" type="checkbox"/> colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <input checked="" type="checkbox"/> married	8. DATE OF BIRTH 10/6/1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/> tenant		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> Farm	9. AGE last birthday 47 yrs.
11. BIRTHPLACE (State or foreign country) <input checked="" type="checkbox"/> Maryland		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> USA	
13. FATHER'S NAME <input checked="" type="checkbox"/> William Woodland		14. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/> Bertha E. Dent	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	17. INFORMANT & ADDRESS <input checked="" type="checkbox"/> Bertha E. Woodland - Charlotte Hall, Md.
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <input checked="" type="checkbox"/> 191X IMMEDIATE CAUSE (A) <input checked="" type="checkbox"/> <i>Cachexia</i>		INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> 1 yr	
ANTECEDENT CAUSE(S) DUE TO <input checked="" type="checkbox"/> DISEASES OR CONDITIONS, IF ANY, (B) <input checked="" type="checkbox"/> <i>Hepatoma toxic - origin a long</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <input checked="" type="checkbox"/> (C) <input checked="" type="checkbox"/> <i>in perirenal Sweet gland</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <input checked="" type="checkbox"/> 1 June, Aug 55		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/> <i>metastasis from carcinoma</i>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <input checked="" type="checkbox"/> <i>Mechanicsville</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/> M. <input checked="" type="checkbox"/> <i>May 19 55</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> <input checked="" type="checkbox"/> <i>10:00 A.M.</i>	
21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/> <i>fall</i>			
22. I hereby certify that I attended the deceased from <input checked="" type="checkbox"/> May 19 55, to <input checked="" type="checkbox"/> Nov 28, 1955, that I last saw the deceased alive on <input checked="" type="checkbox"/> Nov 28, 1955, and that death occurred at <input checked="" type="checkbox"/> 10:00 A.M., from the causes and on the date stated above. SIGNATURE <input checked="" type="checkbox"/> <i>J. Roy Guyton</i> ADDRESS (Street, city, town, state) <input checked="" type="checkbox"/> <i>Mechanicsville</i> DATE SIGNED <input checked="" type="checkbox"/> <i>11/28/55</i>			
23. BURIAL, CREMATION REMOVAL (SPECIFY) <input checked="" type="checkbox"/> Burial		DATE THEREOF <input checked="" type="checkbox"/> NAME OF CEMETERY OR CREMATORIUM <input checked="" type="checkbox"/> LOCATION (City, town, or county) <input checked="" type="checkbox"/> <i>11/30/55</i> <input checked="" type="checkbox"/> <i>St. Joseph Cemetery</i> <input checked="" type="checkbox"/> <i>Morganza, Md.</i>	
24. REC'D BY REGISTRAR <input checked="" type="checkbox"/> <i>12/1/55</i>		REGISTRAR'S SIGNATURE <input checked="" type="checkbox"/> 25. FUNERAL DIRECTOR'S SIGNATURE <input checked="" type="checkbox"/> ADDRESS <input checked="" type="checkbox"/> <i>Alan D. Housey</i> <input checked="" type="checkbox"/> <i>P.B. Robinson</i> <input checked="" type="checkbox"/> <i>Leonardtown, Md.</i>	

BUREAU. S.

DEC 2 1955

REGISTRATION